

Department of Employee Relations
City Hall, Room 706
200 East Wells Street
Milwaukee WI 53202-3554
414-286-3751
TTD 414-286-2960
www.milwaukee.gov/der

1. Use a typewriter or print answers in black ink.
2. Answer all questions in unshaded area. Credit may not be given for incomplete information. Leave shaded areas blank.
3. Date and sign this page.
4. Print your Last Name in the left margin.
5. Keep a copy of completed application materials for your files.

Last Name _____ First _____ Middle Initial _____			Do you currently live in the City of Milwaukee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did you become a resident? (month/year) _____ <i>NOTE:</i> City employees must live in the City. <i>Residency proof will be required at the time of hire or within six months.</i> List any other names by which you have been known on official records: _____						
Address _____ Apt. # _____									
City _____ State _____ Zip Code _____									
Day phone: (_____) ____-_____									
Evening phone: (_____) ____-_____									
Email Address: _____									
Social Security Number ____-____-____									
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If under 18, how old are you? _____ years months									
Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees:									
List any licenses, registrations and/or certificates you possess, such as Driver's, Nursing or Professional Engineer, that are related to the job you are applying for:									
<table border="0" style="width: 100%;"> <tr> <th style="width: 25%;">TYPE</th> <th style="width: 25%;">NUMBER (if any)</th> <th style="width: 25%;">TYPE</th> <th style="width: 25%;">NUMBER (if any)</th> </tr> </table>						TYPE	NUMBER (if any)	TYPE	NUMBER (if any)
TYPE	NUMBER (if any)	TYPE	NUMBER (if any)						
MILITARY SERVICE * Read carefully if you may be eligible for veteran's preference points. * Extra points are added to passing scores of qualified war veterans or spouses of certain disabled or deceased veterans on open competitive exams. If you were in the U.S. Armed Services during the following war periods, check the appropriate boxes and enter service dates. You MUST include with this application, a PHOTOCOPY of your discharge document(s) (e.g. DD214) showing (1) date of entry, (2) date of discharge and (3) honorable service. THIS IS YOUR ONLY OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. FAILURE TO COMPLETE THIS SECTION ACCURATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR DD214 AND/OR A V.A. LETTER WITH THIS APPLICATION WILL DISQUALIFY YOU FROM BEING AWARDED VETERAN'S PREFERENCE POINTS. For further information please see the back page of the application.									
<u>Military Status</u> <input type="checkbox"/> Enlisted, drafted or commissioned--active duty <input type="checkbox"/> Enlisted or commissioned reserve or National Guard service --active duty for training only Date Entered Active Duty: _____ Date Terminated Active Duty: _____			<u>Period of Service</u> <input type="checkbox"/> August 27, 1940-July 25, 1947 <input type="checkbox"/> June 27, 1950-January 31, 1955 <input type="checkbox"/> August 5, 1964-January 1, 1977 <input type="checkbox"/> Persian Gulf War/Desert Shield/Desert Storm (August 1, 1990 to date to be determined) <input type="checkbox"/> Afghanistan War (September 11, 2001 to date to be determined) <input type="checkbox"/> Called to active duty in 1961 by Executive Order No. 10957 <input type="checkbox"/> Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, Vietnam Service Medal or Southwest Asia Service Medal Date: _____ Location: _____						
If you or your spouse has any disability traceable to war service recognized and compensated as such by the United States Government or you are the unmarried spouse of a deceased veteran and you wish to receive credit, then you must submit documentary proof of the compensable disability with this application.									

EXAM# 04-037

IMPORTANT: Do you meet **ALL** of the following requirements? ☐ Yes ☐ No

If No, your application will not be accepted for this particular opening, please watch for other opportunities at www.milwaukee.gov/der

☐ **MINIMUM REQUIREMENTS:**

1. Bachelor's Degree in Construction Technology, Architecture, Engineering, or related field from a college accredited by an agency recognized by the Council for Higher Education Accreditation, U.S. Department of Education or a foreign equivalent.

2. A minimum of five years experience in the design and construction of buildings **AND** five years experience in dealing with a variety of mechanical and architectural systems.

NOTE: Equivalent combinations of work-experience and education may be considered

3. Registration with the State of Wisconsin as an architect or engineer or eligible to obtain such registration within one year of appointment.

4. Certification as a commercial building code inspector, building construction inspector and HVAC inspector of 1 and 2 family dwellings within 6 months of appointment.

5. Residency in the City of Milwaukee within 6 months of appointment and throughout employment.

EMPLOYMENT INFORMATION

Are you legally authorized to work for *any* employer within the United States? ☐ Yes ☐ No

There may be a possibility of employment with other organizations. If so, may we refer your name? ☐ Yes ☐ No

Give the titles and dates of all City examinations you have taken within the last six months (if none, print "NONE"):

If you are ☐ PRESENTLY or were ☐ PREVIOUSLY employed by the City of Milwaukee, list the following:

POSITION TITLE	DEPARTMENT	PENSION NUMBER	FROM (MO./YR.)	TO (MO./YR.)
If you have ever been convicted of an offense other than minor traffic violations, list details below. If you list convictions, provide your birthdate on page 9. Your birthdate will be used for conviction verification only. Use separate sheet if necessary:				
CHARGE	DATE	LOCATION	COURT	DISPOSITION OF CASE

READ CAREFULLY BEFORE SIGNING

I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that a City Charter Ordinance requires City employees to live in the City. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

SIGNATURE: _____ **DATE:** _____

EDUCATION AND TRAINING

Circle the highest grade completed in High School: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from High School? ☐ Yes ☐ No If Yes, Name and Location of High School _____Have you passed a high school equivalency or G.E.D. Test? ☐ Yes ☐ No

Training beyond high school (college or university, nursing, business college, military or other training you have received). Under credits earned, indicate Q for quarter hours or S for semester hours.

Name and Location Of School	Dates Attended From Mo./Yr. To Mo./Yr.	Credits Earned	Major and Minor Fields of Study	Type of Degree Date Completed

Additional coursework, training programs, or professional seminars completed which may be relevant to this position. Do not list courses required for above degrees.

Title	Sponsoring Organization/ Academic Institution	Dates Attended	Credits

NOTE: Credit will only be considered if a transcript of all coursework is submitted with this questionnaire.
 (Student copies are acceptable.) If you must order copies, send immediately to Jason Stenglein at the address on Page 1 of the application.

I. Registration/Certifications

Please indicate whether or not you have obtained the following registrations and/or certifications:

	YES	LICENSE #/DATE	NO
Wisconsin registration as a Professional Engineer			
Wisconsin registration as a Professional Architect			
Certification as a Commercial Building Code Inspector			
Certification as a UDC Construction Inspector			
Certification as an HVAC Inspector of 1 & 2 family dwellings			

If you are currently working toward obtaining the above registrations or certifications, please describe your progress.

II. Work Experience

A. Current (most recent) employer/position

Title: _____

Employer: _____

Type of Business: _____

Employer's Address: _____

Period of Employment: From (mo./yr.) _____ to (mo./yr.) _____

Total Months _____ Full Time ☐ Part Time ☐ If Part Time, hrs./week: _____

Salary/wage \$ _____ per _____

Supervisor's name, title and phone number: _____

Reason for leaving: _____

Describe your job responsibilities:

B. Previous Employer

Title: _____

Employer: _____

Type of Business: _____

Employer's Address: _____

Period of Employment: From (mo./yr.) _____ to (mo./yr.) _____

Total Months _____ Full Time ☐ Part Time ☐ If Part Time, hrs./week: _____

Salary/wage \$ _____ per _____

Supervisor's name, title and phone number: _____

Reason for leaving: _____

Describe your job responsibilities:

C. Previous Employer

Title: _____

Employer: _____

Type of Business: _____

Employer's Address: _____

Period of Employment: From (mo./yr.) _____ to (mo./yr.) _____

Total Months _____ Full Time ☐ Part Time ☐ If Part Time, hrs./week: _____

Salary/wage \$ _____ per _____

Supervisor's name, title and phone number: _____

Reason for leaving: _____

Describe your job responsibilities:

D. Previous Employer

Title: _____

Employer: _____

Type of Business: _____

Employer's Address: _____

Period of Employment: From (mo./yr.) _____ to (mo./yr.) _____

Total Months _____ Full Time ☐ Part Time ☐ If Part Time, hrs./week: _____

Salary/wage \$_____ per _____

Supervisor's name, title and phone number: _____

Reason for leaving: _____

Describe your job responsibilities:

If more space is needed please make additional copies of this page or attach additional sheets.

III. Describe your training and experience in customer service.

IV. Briefly describe any other training and experience you have had which would qualify you for this position if you have not provided the information elsewhere on this form.

COMPUTER KNOWLEDGE Please specify computer software products with which you are familiar, give a self-assessment of your skill level, briefly describe your experience (what you used the product for), and estimate approximate amount of experience.

WORD PROCESSING , specify each product name (e.g., MS Word 2000): Product: _____ <input type="checkbox"/> basic <input type="checkbox"/> intermediate <input type="checkbox"/> advanced Product: _____ <input type="checkbox"/> basic <input type="checkbox"/> intermediate <input type="checkbox"/> advanced Product: _____ <input type="checkbox"/> basic <input type="checkbox"/> intermediate <input type="checkbox"/> advanced	Coursework Yes____ No ____ Job Experience Yes____ No ____ Years of Experience _____
BRIEF DESCRIPTION OF EXPERIENCE:	
SPREADSHEET , specify each product name (e.g., MS Excel 2000): Product: _____ <input type="checkbox"/> basic <input type="checkbox"/> intermediate <input type="checkbox"/> advanced Product: _____ <input type="checkbox"/> basic <input type="checkbox"/> intermediate <input type="checkbox"/> advanced Product: _____ <input type="checkbox"/> basic <input type="checkbox"/> intermediate <input type="checkbox"/> advanced	Coursework Yes____ No ____ Job Experience Yes____ No ____ Years of Experience _____
BRIEF DESCRIPTION OF EXPERIENCE:	
DATA BASE , specify each product name (e.g., MS Access 2000): Product: _____ <input type="checkbox"/> basic <input type="checkbox"/> intermediate <input type="checkbox"/> advanced Product: _____ <input type="checkbox"/> basic <input type="checkbox"/> intermediate <input type="checkbox"/> advanced Product: _____ <input type="checkbox"/> basic <input type="checkbox"/> intermediate <input type="checkbox"/> advanced	Coursework Yes____ No ____ Job Experience Yes____ No ____ Years of Experience _____
BRIEF DESCRIPTION OF EXPERIENCE:	
OTHER , specify product name (e.g., CADD, GIS, ETC.): Product: _____ <input type="checkbox"/> basic <input type="checkbox"/> intermediate <input type="checkbox"/> advanced Product: _____ <input type="checkbox"/> basic <input type="checkbox"/> intermediate <input type="checkbox"/> advanced Product: _____ <input type="checkbox"/> basic <input type="checkbox"/> intermediate <input type="checkbox"/> advanced	Coursework Yes____ No ____ Job Experience Yes____ No ____ Years of Experience _____
BRIEF DESCRIPTION OF EXPERIENCE:	

TESTING ACCOMMODATIONS

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process?

_____ Yes

_____ No

If yes, what kind of accommodations will you need?

A signer

A reader

Extra time

Other (Please describe) _____

Comments:

SIGNATURE: _____ DATE: _____

Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

The City requires pre-employment drug testing.

THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER AND VALUES AND ENCOURAGES DIVERSITY.

City of Milwaukee

Supplementary Applicant Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military reserves, national origin, ancestry, age, arrest or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer's premises during nonworking hours.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially and used only to help us monitor the City's Affirmative Action efforts and to comply with Federal recordkeeping requirements.

PLEASE PRINT OR TYPE

1. Name: _____
LAST
FIRST
MIDDLE
2. Position Applied for: **Plan Examiner III**

Recruiting information: How did you **FIRST** hear about this job opening? (Please check only one)

- A. ☐ Milwaukee Journal Sentinel
- B. ☐ Other Newspaper (please specify) _____
- C. ☐ City Hall Posting
- D. ☐ Library Posting
- E. ☐ Community Agency Posting (please specify) _____
- F. ☐ College or University Posting (please specify) _____
- G. ☐ From a City Employee
- H. ☐ From Someone who is NOT a City Employee
- I. ☐ Job Hotline Number (414-286-5555)
- J. ☐ Received Job Interest Postcard in mail
- K. ☐ Job Fair/Career Talk (please specify) _____
- L. ☐ TV (please specify station) _____
- M. ☐ Radio (please specify station) _____
- N. ☐ **www.milwaukee.gov/der**
- P. ☐ OTHER (please specify) _____

2. Sex (please check one): MALE _____ FEMALE _____
3. Race (please check one):
- ☐ Black/African American (not of Hispanic origin)
 - ☐ Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American
 - ☐ White/Caucasian/European/North African/Middle Eastern
 - ☐ Native American Indian/Alaskan Native
 - ☐ Asian American/Pacific Islander/Far Eastern/Indian subcontinent or Southeastern Asian (i.e., China, Japan, Korea, Philippine Islands, Samoa)
4. List any languages, other than English, which you speak FLUENTLY: _____
5. If you have listed offenses (see page 2), provide birthdate _____. Your birthdate will be used for conviction verification only.
6. Certain Federal grant positions may require public housing development residency. Please complete the following if you are currently living in a City of Milwaukee public housing development.
 I live in the _____ Housing Development.

The above-completed information is true to the best of my knowledge.

SIGNATURE _____ DATE _____